FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D.

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076 Expires: August 31, 1998 Estimated average burden hours per form......16.00

| SEC USE ONLY | | | | | | | | |
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| Serial | | | | | | | | |
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| | | | | _ | i |
|---|------------------------------------|-----------------------|------------------------|----------------------|-------------|
| Name of Offering ([] check if this is a | amendment and name has cha | inged, and indicate c | hange.) | 1100 | 217 |
| Financing of Series B-2 Preferred Stoc | k and Series B-2 Preferred Stock | Underlying Warrant | ts | 11310 | 115 |
| Filing Under (Check box(es) that apply) | [] Rule 504 | [] Rule 505 | [X] Rule 506 | [] Section 4(6) | [] ULOE |
| Type of Filing: | [X] | New Filing | [] | Amendment | |
| | A. BASIC ID | ENTIFICATION DA | TA | | |
| Enter the information requested about | t the issuer | | | | |
| Name of Issuer ([] check if this is an a | mendment and name has chang | ed, and indicate cha | nge.) | | |
| NetMotion Wireless, Inc. | | | | | |
| Address of Executive Offices | (Number and Street, Ci | ty, State, Zip Code) | Telephone Numbe | r (Including Area Co | de) |
| 701 N. 34th Street, Suite 250, Seattle V | VA 98103 | | 206 691 5500 | | |
| Address of Principal Business Operation | | te, Zip Code) | Telephone Numbe | r (Including Area Co | de) |
| 701 N. 34th Street, Suite 250, Seattle V | /A 98103 | | 206 691 5500 | | |
| Brief Description of Business - | | MM. | | | |
| Develop software for enterprise wireless | s networking. | <u> </u> | OCECCED. | <i></i> | |
| Type of Business Organization | | | PARED | | |
| [X] corporation | [] limited partnership, already | formed ∬ | L 16 2004 [|] other (please spec | ify) |
| [] business trust | [] limited partnership, to be for | med | - 1 0 ZUU4 | | |
| | - | <u>Month</u> | THEORISON WILANCIAL | | |
| Actual or Estimated Date of Incorporation | on or Organization: | 03 🛭 | CHANCIAL _ | | |
| | | | Į, | K] Actual [|] Estimated |
| Jurisdiction of Incorporation or Organiza | tion: (Enter two letter I.I.S. Por | stal Service abbrevia | tion for State: MA | | |

CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seg. or 15 U.S.C. 77d(6). When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange

Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filled with the SEC. Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (2-97) 1 of 8

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- · Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer:
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

| Check Box(es) that Apply: | [] Promoter | [] Beneficial Owner | [] Executive Officer | [X] Director | [] General and/or Managing Partner |
|------------------------------|--------------------------|-----------------------------|-----------------------|---------------------------------------|--|
| Full Name (Last name fi | rst, if individual) | | | | |
| Brookfield, Chris | | | | | |
| Business or Residence | Address (Number and Stre | eet, City, State, Zip Code) | | · · · · · · · · · · · · · · · · · · · | |
| 701 N. 34th Street, Suite | e 250, Seattle, WA 98103 | | | | |
| Check Box(es) that Apply: | [] Promoter | [] Beneficial Owner | [X] Executive Officer | [X] Director | [] General and/or Managing Partner |
| Full Name (Last name fi | rst, if individual) | | | | |
| Cullen, Stephen | | | | | |
| Business or Residence | Address (Number and Stre | et, City, State, Zip Code) | | | |
| 701 N. 34th Street, Suite | e 250, Seattle, WA 98103 | | | | |
| Check Box(es) that Apply: | [] Promoter | [] Beneficial Owner | [] Executive Officer | [X] Director | [] General and/or Managing Partner |
| Full Name (Last name fi | rst, if individual) | | | | |
| Widner, Melissa | | | | | |
| Business or Residence | Address (Number and Stre | et, City, State, Zip Code) | | | |
| 701 N. 34th Street, Suite | e 250, Seattle, WA 98103 | | | | |
| Check Box(es) that Apply: | [] Promoter | [] Beneficial Owner | [] Executive Officer | [X] Director | [] General and/or Managing Partner |
| Full Name (Last name fi | rst, if individual) | | | | |
| Johnston, Thomas | | | | | |
| Business or Residence | Address (Number and Stre | et, City, State, Zip Code) | | | |
| 701 N. 34th Street, Suite | e 250, Seattle, WA 98103 | | | | |
| Check Box(es) that Apply: | [] Promoter | [] Beneficial Owner | [] Executive Officer | [X] Director | [] General and/or Managing Partner |
| Full Name (Last name fi | rst, if individual) | | | | |
| O'Connell, Dennis | | | | | |
| Business or Residence | Address (Number and Stre | et, City, State, Zip Code) | | | |
| 701 N. 34th Street, Suite | e 250, Seattle, WA 98103 | | | | |
| Check Box(es) that Apply: | [] Promoter | [] Beneficial Owner | [] Executive Officer | [X] Director | [] General and/or Managing Partner |
| Full Name (Last name fi | rst, if individual) | | | | |
| VanderMeulen, Kendra | | | | | |
| Business or Residence | Address (Number and Stre | et, City, State, Zip Code) | | | |
| 701 N. 34th Street, Suite | e 250, Seattle, WA 98103 | | | | |
| Check Box(es) that Apply: | [] Promoter | [] Beneficial Owner | [] Executive Officer | [X] Director | [] General and/or Managing Partner |
| Full Name (Last name fi | rst, if individual) | | | | |
| Walker, Douglas W. | | | | | |
| Business or Residence | Address (Number and Stre | et, City, State, Zip Code) | | | |
| 701 N. 34th Street, Suite | e 250, Seattle, WA 98103 | | | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- · Each general and managing partner of partnership issuers.

| Check Box(es) that Apply: | [] Promoter | [] Beneficial Owner | [] Executive Officer | [X] Director | [] General and/or Managing Partner |
|---------------------------|--------------------------|------------------------------|-----------------------|--------------|--|
| Full Name (Last name fi | rst, if individual) | | | | |
| Kawahara, Masami (Ma | rk) | | | | |
| Business or Residence | Address (Number and St | reet, City, State, Zip Code) | | | |
| 701 N. 34th Street, Suite | e 250, Seattle, WA 98103 | | | | |
| Check Box(es) that | [] Promoter | [] Beneficial Owner | [X] Executive Officer | [] Director | [] General and/or |
| Apply: | | | | | Managing Partner |
| Full Name (Last name fi | rst, if individual) | <u></u> | | | |
| Colliton, Bob | | | | | |
| Business or Residence | Address (Number and Str | eet, City, State, Zip Code) | | | |
| 701 N. 34th Street, Suite | e 250, Seattle, WA 98103 | | | | |
| Check Box(es) that | [] Promoter | [X] Beneficial Owner | [] Executive Officer | [] Director | [] General and/or |
| Apply: | | | | | Managing Partner |
| Full Name (Last name fi | rst, if individual) | | | | |
| Dolphin Communication | s Fund II, LP | | | | |
| Business or Residence | Address (Number and Str | eet, City, State, Zip Code) | | | |
| 750 Lexington Avenue, | 16th Floor, New York, NY | 10022 | | | |
| Check Box(es) that Apply: | [] Promoter | [X] Beneficial Owner | [] Executive Officer | [] Director | [] General and/or Managing Partner |
| Full Name (Last name fi | rst, if individual) | | | · | |
| WRQ, Inc. | | | | | |
| | • | eet, City, State, Zip Code) | | | |
| 1500 Dexter Avenue No | rth, Seattle, WA 98109 | | | | |
| Check Box(es) that | [] Promoter | [X] Beneficial Owner | [] Executive Officer | [] Director | [] General and/or |
| Apply: | | | | | Managing Partner |
| Full Name (Last name fi | rst, if individual) | | | | |
| Mitsui & Co. Venture Pa | rtners | | | | |
| Business or Residence | Address (Number and Str | eet, City, State, Zip Code) | | | |
| 200 Park Avenue, 36th | Floor, New York NY 10166 | 6-0130 | | | |
| Check Box(es) that Apply: | [] Promoter | [X] Beneficial Owner | [] Executive Officer | [] Director | [] General and/or Managing Partner |
| Full Name (Last name fi | rst, if individual) | | | | |
| Northwest Venture Parti | ners III, L.P. | | | | |
| Business or Residence | Address (Number and Str | eet, City, State, Zip Code) | | | |
| 221 N. Wall Street, Suite | e. 628, Spokane, WA 9920 | 01 | | | |
| Check Box(es) that Apply: | [] Promoter | [X] Beneficial Owner | [] Executive Officer | [] Director | [] General and/or Managing Partner |
| Full Name (Last name fi | rst, if individual) | | | | |
| SeaPoint Ventures II, LF | • | | | | |
| Business or Residence | Address (Number and Stre | eet, City, State, Zip Code) | | | |
| 777- 108th Avenue NE, | Suite 1895, Bellevue, WA | 98004 | | | |
| | | | | | |

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| | | | | | B. INFO | ORMATION | ABOUT O | FFERING | | | | |
|----------------------|------------------------|-----------------------------|-----------------------------|--------------------------|-----------------------------|-----------------------------------|--------------------------|---------------------------------------|---|---|----------------------|---|
| 1. Has t | he issuer sol | d, or does t | the issuer in | | | | | his offering? if filing und | | | . Yes | _ No <u>_X</u> |
| 2. What | is the minim | um investm | nent that will | be accep | ted from a | ny individua | l? | | •••••• | | . \$ | n/a |
| 3. Does | the offering (| permit joint | ownership | of a single | unit? | | | | *************************************** | *************************************** | . Yes | _ No <u>_X</u> |
| for so or de | licitation of p | urchasers i d with the S | in connection SEC and/or | n with sal with a sta | es of secur te or states | rities in the o s, list the na | offering. If me of the b | a person to roker or dea | be listed is a aler. If more | n associated than five (5) | person or | ar remuneration agent of a broker be listed are |
| Full Nam | ne (Last name | e first, if ind | lividual) | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | s or Residence | æ Address | (Number a | nd Street, | City, State | , Zip Code) | | | | | | |
| Name of | Associated I | Broker or D | lealer | | | | | | | | | |
| Name of | Associated | 510KC1 01 D | calci | | | | | | _ | _ | | |
| | Which Perso | | | | | Purchasers | | | | | | |
| (Check | All States" or [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| (IL) [MT] [RI] | (IN) [NE] [SC] | (IA) [NV] [SD] | [KS] [NH] [TN] | [KY] [NJ] [TX] | [LA] [NM] [UT] | [ME] [NY] [VT] | [MD] [NC] [VA] | [AM] [DN] [AW] | [MI] [OH] [WV] | [MN] [OK] [WI] | [MS] [OR] [WY] | [MO] [PA] [PR] |
| Full Nan | ne (Last name | e first, if ind | lividual) | | | | · · · · · · · · · | | | | | |
| Busines | s or Residenc | æ Address | (Number a | nd Street, | City, State | , Zip Code) | | | | | | <u> </u> |
| Name of | Associated I | Broker or D | ealer | - ·· - | | | | | | | | |
| | Which Perso | | | | | Purchasers | | | · · · · · · · · · · · · · · · · · · · | | | |
| (Check ' | All States" or [AK] | check indi | vidual State [AR] | s) [CA] | [CO] | [CT] | (DE] | (DC) | [FL] | [GA] | (HI) | □ All States [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | (ME) | [MD] | [MA] | [MI] | [MN] | (MS) | [MO] |
| [MT] [RI] | [NE] [SC] | [NV] [SD] | [NH] [TN] | [NJ] | [NM] [UT] | [YN] [VT] | [NC] [VA] | [QN] [AW] | [OH] | [OK] [WI] | [OR] [WY] | [PA] [PR] |
| Full Nan | ne (Last name | e first, if ind | lividual) | | | | _ | | | | | |
| Busines | s or Residenc | æ Address | (Number a | nd Street, | City, State | , Zip Code) | | | | | | |
| Name of | Associated I | Broker or D | ealer | - | | | | | | | | |
| States in | Which Perso | on Listed H | las Solicited | or Intend | s to Solicit | Purchasers | | | | | | · · · · · · · · · · · · · · · · · · · |
| • | All States" or | | | , | | | | | | | | 🗆 All States |
| [AL] [IL] | [AK] [IN] | [AZ] [IA] | [AR] [KS] | [CA] [KY] | [CO] [LA] | [CT] [ME] | [DE] [MD] | [DC] [MA] | (FL) (MI) | [GA] [MN] | (HI) [MS] | [ID] [MO] |
| [MT] [RI] | [NE] [SC] | [NV] [SD] | [NH] [TN] | [XT] | [MM] [UT] | [VT] | [NC] [VA] | [ND] [AW] | [OH] [WV] | [OK] [WI] | [OR] [WY] | [PA] [PR] |

| C. | OFFERING PRICE, | NUMBER (| OF INVESTORS, | EXPENSES | AND USE OF PROC | EEDS |
|----|-----------------|----------|---------------|-----------------|-----------------|------|

| 1.Enter the aggregate offering price of securities included in this offering and the total amount already transaction is an exchange offering, check this box and indicate in the columns below the amount already exchanged. | | | | |
|---|-----|-----------------------------|-----|--------------------------------------|
| Type of Security | (| Aggregate Offering Price | | Amount Already Sold |
| Debt | \$_ | 0 | \$ | 0 |
| ' Equity | | 4,999,999.90 ¹ | \$ | 2,827,998.95 |
| [] Common [X] Preferred | _ | | | |
| Convertible Securities (including warrants) | \$ | 0 | \$ | 0 |
| Partnership Interests | | 0 | \$ | 0 |
| Other (Specify) | | 0 | | 0 |
| Total | | 4,999,999.90 | | 2,827,998.95 |
| Answer also in Appendix, Column 3, if filing under ULOE. | Ψ | 1,000,000.00 | *_ | 2,021,000.00 |
| 2.Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | Nombre | | |
| | | Number Investors | | Aggregate Dollar Amount of Purchases |
| Accredited Investors | | 10 | \$_ | 2,827,998.95 |
| Non-accredited Investors | | 0 | \$_ | 0 |
| Total (for filings under Rule 504 only) | | 0 | \$_ | 0 |
| Answer also in Appendix, Column 4, if filing under ULOE. | | | | |
| 3.If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | N/A | | Dollar Amount |
| | | Type of Security | | Sold |
| Type of Offering | | | | |
| Rule 505 | | | \$ | 0_ |
| Regulation A | | | \$ | 0_ |
| Rule 504 | | | | 0 |
| Total | | | \$_ | 00 |
| 4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | | |
| Transfer Agent's Fees | | [] | \$_ | 0 |
| Printing and Engraving Costs | | [] | \$_ | 0 |
| Legal Fees | | [X] | \$_ | 70,000 |
| Accounting Fees | | [] | \$ | 0 |
| Engineering Fees | | [] | \$ | 0 |
| Sales Commissions (specify finders' fees separately) | | [] | | 00 |
| Other Expenses (Identify) | | [] | \$ | 00 |
| Total | | [X] | \$ | 70,000 |
| | | • • | - | |

¹ Investors in this offering will also receive warrants to purchase up to an aggregate of 2,223,645 shares of Series B-2 Preferred stock, and will be entitled to exchange certain shares of preferred stock for shares of the class of preferred stock offering in this offering.

| | | C. OFFERING PRICE, NUMBER OF INVES | TORS, EXPENSES AND | USE OF PROCEEDS | |
|-------------------|------------------------|---|-----------------------------|---|----------------------|
| 13 <u></u> | b. | Enter the difference between the aggregate offering pritotal expenses furnished in response to Part C - Quest proceeds to the issuer" | ion 4.a. This difference is | the "adjusted gross | \$2,757,998.95 |
| 5. | the purp left of th | below the amount of the adjusted gross proceeds to the oses shown. If the amount for any purpose is not known e estimate. The total of the payments listed must equal tresponse to Part C - Question 4.b above. | , furnish an estimate and | check the box to the | |
| | 10.00 | | | Payment to Officers, Directors, & Affiliates | Payment To Others |
| Salaries a | and fees. | | | □ \$ | |
| Purchase | e of real e | state | | | □ \$ |
| Purchase | e, rental o | r leasing and installation of machinery and equipment | | □ \$ | □ \$ |
| Construc | tion or lea | sing of plant buildings and facilities | | \$ | |
| Acquisition | on of othe | r businesses (including the value of securities involved in ge for the assets or securities of another issuer pursuant | this offering that may | □ \$ | \$ |
| | | ebtedness | | □ \$ | |
| Working | capital | | | □ \$ | |
| Other (sp | pecify): | | | □ \$ | |
| | | | | □ \$ | □ \$ |
| Column 1 | Totals | | | □\$ | \$ |
| Total Pay | yments Li | sted (column totals added) | | | \$ |
| | | | | | |
| | | D. FEDERAL | 11 CLONIA TUDE | | |
| | | | L SIGNATURE |) | |
| signature | constitut | y caused this notice to be signed by the undersigned dul es an undertaking by the issuer to furnish to the U.S. Sec ed by the issuer to any non-accredited investor pursuant | curities and Exchange Cor | nmission, upon written re | |
| Issuer (P | rint or Ty | De) S | ignature | | Date |
| NetMotic | on Wireles | , i | 1000 | | 7-7-04 |
| Name (P | rint or Typ | pe) T | itle (Print or Type) | | |
| Stephen | Cullen | F | President | | |
| | | ATTI | ENTION | | |
| Intenti 1001.) | | nisstatements or omissions of fact con | stitute federal crir | minal violations. | (See 18 U.S.C. |

| | E. STATE SIGNATURE | _ | | | | | | |
|-----|--|------|------------------------------|------------------|-----------|--|--|--|
| 1. | Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disquali | fic | ation provisions of such | Yes . □ | No □ | | | |
| | See Appendix, Column 5, for state response. | | | | | | | |
| 2. | The undersigned issuer hereby undertakes to furnish to the state administrator of any state in wh 239.500) at such times as required by state law. | ich | the notice is filed, a notic | ce on Form D (| 17 CFR | | | |
| 3. | The undersigned issuer hereby undertakes to furnish to any state administrators, upon written recofferees. | ąμe | est, information furnished | by the issuer to | 0 | | | |
| 4. | The undersigned issuer represents that the issuer is familiar with the conditions that must be sati Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming of establishing that these conditions have been satisfied. | | | | - | | | |
| | e issuer has read this notification and knows the contents to be true and has duly caused this notic thorized person. | e t | o be signed and ts behalf | by the undersig | gned duly | | | |
| Iss | suer (Print or Type) | iej | lature | Date | | | | |
| Ν | etMotion Wireless, Inc. | - | m | 7-7-0 | 4 | | | |
| Na | ame (Print or Type) | iŧίε | (Print or Type) | | | | | |
| S | Stephen Cullen President | | | | | | | |

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | | | | APPENDIX | | | | | |
|----------|----------|---|--|--------------------------------------|--|--|-------------|----------|--|
| 1 | | 2 | 3 | | 4 | | | | 5 |
| | to non-a | d to sell accredited is in State 3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | ame | Type of investor and amount purchased in State (Part C-Item 2) | | | | diffication tate ULOE s, attach nation of granted E-Item 1) |
| State | Yes | No | | Number of Accredited Investors | Accredited Non- | | | | |
| AL | | | | | | | | | |
| AK | | | | | | | | | |
| AZ | | | | | | | | | |
| AR | | | | | <u> </u> | ļ | | | |
| CA | | | | | <u> </u> | | | | |
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| | | | | APPENI | OIX | | | | |
|-------|---------------------------|--|--|--|--|--|--|----------|----|
| 1 | | 2 | 3 | | = : - : - : - : - : - : - : - : - : - : | 4 | | | 5 |
| | to non invest (Part | nd to sell -accredited ors in State B-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of ir amount purc (Part C | under Sta yes, explai waiver gi E-li | alification ate ULOE (if attach nation of anted (Part em 1) | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No |
| MT | | | | | | | <u> </u> | | |
| NE | | | | | | | | | |
| NV | | <u> </u> | <u> </u> | ļ | | | 1 | | |
| NH | | | | | | | - | | |
| NJ | | † | | | | | | <u> </u> | |
| NM | | | | 1 | | | 1 | | |
| NY | | X | Series B-2 Preferred Stock and Series B-2 Preferred Stock Underlying Warrants | 3 | \$992,222.70 | 0 | | | |
| NC | | | | | | | | | |
| ND | | | | | | | | | |
| ОН | | | | | | | | | |
| OK | | | | | | | | | |
| OR | (| | | | | | | | |
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| SD | | | | | | | | | |
| TN | | | | <u> </u> | | | | | |
| TX | | | | L | <u> </u> | | | | |
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| WA | | X | Series B-2 Preferred Stock and Series B-2 Preferred Stock Underlying Warrants | 8 | \$1,835,776.25 | 0 | | | |
| w | | <u> </u> | | | | | <u> </u> | | |
| WI | | 1 | | | | | | | |
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